Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME of COMMITTEE (In Full) Building Empowerment and Accountability Now PAC (BEAN PAC) Full Name (Last, First, Middle Initial) BILL FOSTER FOR CONGRESS COMMITTEE Mailing Address PO Box 703 City State Zip Code Geneva IL 60134 Purpose of Disbursement Contribution Candidate Name Bill Foster Office Sought: X House Senate President State: IL District: 14 Full Name (Last, First, Middle Initial) HALVORSON FOR CONGRESS Mailing Address PO Box 176 City State Zip Code IL 60417 Full Name (Last, First, Middle Initial) HALVORSON FOR CONGRESS Mailing Address PO Box 176 City State Zip Code IL 60417 Furpose of Disbursement Contribution Candidate Name Disbursement Contribution Candidate Name Clast, First, Middle Initial) HALVORSON FOR CONGRESS Mailing Address PO Box 176 City State Zip Code IL 60417 Furpose of Disbursement Contribution Candidate Name Clast, First, Middle Initial) Furpose of Disbursement Contribution Candidate Name Clast, First, Middle Initial) Furpose of Disbursement Contribution Candidate Name Clast, First, Middle Initial) Furpose of Disbursement Contribution Candidate Name Clast, First, Middle Initial) Furpose of Disbursement Contribution Candidate Name Clast, First, Middle Initial) Furpose of Disbursement Contribution Candidate Name Clast, First, Middle Initial) Furpose of Disbursement Contribution Candidate Name Clast, First, Middle Initial) Furpose of Disbursement Contribution Candidate Name Clast, First, Middle Initial) Furpose of Disbursement Contribution Candidate Name Clast, First, Middle Initial) Furpose of Disbursement Contribution Candidate Name Clast, First, Middle Initial) Furpose of Disbursement Contribution Candidate Name Clast, First, Middle Initial) Furpose of Disbursement Contri	CHEDULE B (FEC FOIII 3X)	y Use sepa	Use separate schedule(s)	FOR LINE NUMBER: PAGE 17 / 18 (check only one)	
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